

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25722</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>Chris E Andersen</u> P O Box Bldg Room No if any _____ Street <u>725 Jody Lane</u> City <u>Hoffman Estates</u> State <u>Illinois</u> ZIP Code +4 <u>60194</u>	4 Name file number and address of labor organization Name <u>SEIU Local 1</u> Labor Organization File Number <u>023715</u> P O Box Building and Room Number if any <u>2500</u> Street <u>111 E Wacker Drive</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code +4 <u>60601</u>
5 Position in labor organization <u>Secretary-Treasurer</u> <u>Chief of Staff</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code +4 _____	7 a Nature of Interest, Transaction or Income _____ _____ _____ 7 b Amount _____ _____ _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>5-12-06</u> Date <u>312-233-8701</u> Telephone Number

Name of Person Filing Chris Andersen	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>Amalgamated Bank</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>1 W Monroe Street</u></p> <p>City <u>Chicago</u></p> <p>State <u>Illinois</u> ZIP Code <u>+ 4 60603</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>4 White Sox tickets</u></p>
	<p>11 b Approximate dollar value of such dealing <u>\$405</u></p>
	<p>12 a Nature of interest held or income received</p> <p> </p>
	<p>12 b Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <p> </p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment <u> </u></p>

Name of Person Filing **Chris Andersen**File Number **U****Part B Continuation Page**

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8 Name and address of Business (including trade name if any)Name **Union Health Service Inc**

Trade Name if any

P O Box Bldg Room No if any

Street **1634 W Polk Street**City **Chicago**State **Illinois**ZIP Code + 4 **60612****9 Business deals with**☐ a Labor Organization☐ b Trust☒ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

- 1 payment of insurance premium \$1 135 78
- 2 payment of cost of dinner dance \$63 00

11 b Approximate dollar value of such dealing**\$1 199****12 a Nature of interest held or income received****12 b Amount**